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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/652,622
Filing Date	8/29/2003
First Named Inventor	YAWEI NI
Art Unit	1635
Examiner Name	Schnizer, Richard A.
Attorney Docket Number	04137.0003U3

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
Please withdraw me as attorney or agent for the above identified patent application, and	
all the practitioners of record;	
the practitioners (with registration numbers) of record listed on the attached paper(s); or	
the practitioners of record associated with Customer Number:23859	
NOTE : The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.	
The reason(s) for this request are those described in 37 CFR:	
10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)	
10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)	
10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)	
10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:	
Certifications Check cook box helpsy that is frequelly correct. WARNING It a havis left weekeeled the removed will likely and	
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.	
I'We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.	
2. We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.	
3. We have notified the client of any responses that may be due and the time frame within which the client must respond.	
Please provide an explanation, if necessary:	

This collection of information is required by 3° CFR 1.36. The information is required to obtain or retain a benefit by the public which is to fit quart by the USPTO to process) an application. Confidentiality is govered by \$5 U.S. C. 122 and 3° CFR 1.11 and 1.14. This collection is estimated to tale of 2 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the annuant of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Oriecr. U.S. Patent and Trademark Office, U.S. Patent Annual Office, U.S. Patent Annual Office,

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. Change the correspondence address and direct all future correspondence to: The address of the inventor or assignee associated with Customer Number. OR Inventor or Carrington Laboratories, Inc. В Assignee name Address 2001 Walnut Hill Lane City Irving State TX Zip 75038 Country US Telephone 800-328-5205 **Email** I am authorized to sign on behalf of myself and all withdrawing practitioners. Signature /Christopher L. Curfman/ Name Registration No. 52,787 Christopher L. Curfman Address Ballard Spahr Andrews & Ingersoll, LLP, 999 Peachtree Street, Suite 1000 City Atlanta State GA Zip 30309 Country US Date June 12, 2009 Telephone No. 678-420-9300 NOTE: Withdrawal is effective when approved rather than when received.

[Page 2 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiative) is operand by \$5. U.S. C. 122 and 37 CFR. 1.11 and 1.4. This collection is estimated to take including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form andors suggestions for reducing this budget, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Patient and Trademark Office, U.S. Patient and Trademark Office, U.S. Patient, P.O. Box 1450, Alexandria, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450.

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- A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.